

Shoulder Dystocia : An Obstetrician's Nightmare

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The cited incidence of shoulder dystocia varies greatly depending on the criteria used for diagnosis. The reported incidence of recorded shoulder dystocia in unselected vaginal deliveries ranges from 0.37% to 1.1% but can be as low as 0.23% if the definition of true shoulder dystocia is applied.

Mrs. S.G. 31 years old housewife Gravida 2, Para 1, Living 0, registered antenatally at 16 weeks amenorrhoea with past history of one preterm delivery at 28 weeks amenorrhoea 1 year back with neonatal death on day 25 of life in NICU.

On examination, she was normotensive, obese, short statured with a height of 148 cm. Per abdomen uterine size corresponded with clinical and ultrasound gestation age. Internal os was closed on per vaginam examination.

Serial obstetric ultrasound scan showed no fetal growth lag. Blood sugar tests done at 16 and 28 weeks revealed normoglycemia.

Patient went into spontaneous labour at 37 weeks gestation. Pelvis clinically adequate. Pitocin augmentation drip was started in view of hypotonic uterine activity after ARM. Total duration of labour was 9 hours. Duration of second stage of labour was 35 min.

Following delivery of head, there was shoulder dystocia, posterior shoulder felt in the posterior fornx.

McRobert's manoeuvre with suprapubic pressure failed. Baby delivered by Wood's corkscrew manoeuvre. A fat chubby baby weighing 3.7 kg was delivered.

Mother had postpartum haemorrhage and partial 3rd degree perineal tear, appropriately managed.

Baby developed right complete brachial plexus palsy with Horner's syndrome.

Baby was started on physiotherapy promptly. Plastic surgery and neurologist opinion taken. No active intervention or investigation till 6 weeks age. EMG done at 6 weeks showed no muscle response to stimulation. Repeat EMG at 3 months age showed good muscle response to stimulation. Clinically also the tone in the right upper limb improved, the flexors better than the extensors. Finger movement and grass reflex also appeared. Continued physiotherapy and surveillance led to near normal recovery of tone, power and movement of the right upper limb.

Benedetti and Gabbe (1978) reported that of 19 neonates with shoulder dystocia, 5 had fractured humerus or clavicle, 3 had Erb's palsy and 1 had an abnormal neurological examination.

Reference

1. Benedetti, J. J. Gabbe S. G; *Obstet Gynecol*; 52:526;1978.